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CONFIRMATION NO. 8339

SERIAL NUMBER 10/809,471	FILING OR 371(c) DATE 03/25/2004 RULE	CLASS 351	GROUP ART UNIT 2873	ATTORNEY DOCKET NO. SAR 14752
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/457,335 03/25/2003 *JA*

**** FOREIGN APPLICATIONS ******* *m* *AS***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>Aem</i> Initials <i>AS</i>				

ADDRESS

58882

TITLE

Apparatus to detect and measure saccade and pupillary changes

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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